

COMPONENT II:
Funding
Opportunity C:
Title V Fee-for-Service
Family Planning

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I. PROGRAM INFORMATION

A. Introduction

The Texas Department of Health (TDH) announces the availability of Fiscal Year (FY) 2004 funds under the Maternal and Child Health Services (MCH) Block Grant, Title V of the Social Security Act, to continue to provide services in service areas as established through Title V FY 2003 Regional Budget Realignment Process. Although your agency may not apply for additional Title V funding beyond what was awarded in FY 2003, adjustments may be needed in contract funding levels in the Title V family planning attachment due to possible implementation of the Women's Health Waiver in FY2004. TDH requests you apply for the funding to provide Family Planning services funded by Title V Family Planning (FP) by completing the attached renewal application forms. A contractor is expected to provide services/units in or benefiting the county(ies) area as defined in the prior budget period contract, unless specifically stated in your application (e.g. as a result of a clinic closure or a previously approved program revision). All agencies must complete COMPONENT I - Information, Content and Required Forms and Title V assurances, forms, and requirements included in this Funding Opportunity.

B. Eligible Applicants

Title V Fee-For-Service Family Planning. Title V funds will be awarded to agencies currently funded in Texas under the Title V program to continue providing family planning services to persons on an individual basis.

C. Use of Funds

In addition to the provisions described in COMPONENT I - Information, Content and Required Forms, Title V funds must be used for providing maternal and child health services to the eligible population.

D. Program Review Process/Evaluation Criteria

Renewal applications are initially screened for completeness. Applications meeting the preliminary screening requirements will be reviewed by teams in the central office of TDH and the public health region(s) which include(s) the geographic region of the proposed project, using a standardized review process and evaluation criteria. Recommendations will be discussed and staff will jointly make the final determination of funding. All applications will remain with TDH and will not be returned to the applicant.

FORM C1: RENEWAL APPLICATION CHECKLIST

Legal Name of Applicant: _____

INSTRUCTIONS: This Checklist may be completed and submitted with the original renewal application. It is provided to ensure that the application is complete, proper signatures are included, and the required assurances, certifications and attachments have been submitted. Application is typed (computer or typewriter), single-spaced on 8 ½ " x 11" white paper and does not exceed page limits where specified. Confidential information is clearly marked in the application and reasons the information should be confidential are stated.

FORM	REQUIRED COMPONENT I FORMS	Includ d	Not Applicabl
1	Face Page completed, and proper signatures and date included		
2	Contact Person (Administrative and Program) Information included		
3	Administrative Information (with supplemental documentation attached if required) included		
4	Medicaid Provider Status Table completed and included if Titles V (Fee), X, or XX applicant		
5	Nonprofit Board of Directors and Executive Director Assurances form signed and included		
6	Copy(ies) mailed to appropriate Regional Director for proposed area(s) to be served		

FORM	FUNDING OPPORTUNITY C – Title V Fee-for-Service Family Planning	Includ d	Not Applicabl
C2	Clinic Sites form(s) completed and included		
C3	Title V FFS Family Planning Ceiling Request 186/185 form completed and included		
C4	Service Delivery Plan Update completed and included		
C5	Title V Fee-For-Service Family Planning Project Assurances signed and included		

FORM C2: CLINIC SITES

COMPLETE ONLY IF ADDING/DELETING A CLINIC SITE NOT IDENTIFIED IN FY 2003

Indicate which of the following funding sources support services at this clinic site:

☐ Title V

☐ Title X

☐ Title XIX

☐ Title XX

Agency Name:

Clinic Name:

Street Address:

City:

County:

**Public Health
Region:**

**Counties To Be
Served:**

**Contact
Person:**

**Phone
#:**

Have you have discontinued providing Title V-funded services at a clinic site this past year? If so, please list below any clinic site in which Title V funded services are no longer being provided since you completed the FY 2003 RFP.

Agency Name:

Clinic Name:

Street Address:

Agency Name:

Clinic Name:

Street Address:

FORM C3: TITLE V FEE FOR SERVICE CEILING REQUEST **(FOR FAMILY PLANNING SERVICES)**

Instructions for Completing the FY 2004 Ceiling Request for Services

This page should reflect all services projected to be delivered during the contract period for those service categories described in the Service Plan and for which you intend to bill and expect to be paid.

If you provide services in counties located in different TDH regions, complete a separate form for each region. Do not complete a separate form for each county.

Supply Purchases: Title V FFS provides contractors an annual one-time-only opportunity to purchase family planning supplies through TDH sources. If your agency is requesting this method of purchase for supplies, identify the total amount of dollars to be used for that purpose. There is no requirement to identify the type or number of supply items within this renewal application. You may wish to contact the local Regional Office regarding the supplies and prices in preparing the estimate of costs to be deducted.

FY 2004 PROJECTED

Funds Requested for FY 2004 Family Planning

(should match amount recorded on the face page of this renewal application)

\$

Total Projected Dollars for TDH Supply Purchases (see above)

Note: This amount is to be deducted from total funds requested

minus (-) \$

Projected Dollars for Services in 185 & 186

(this amount should equal the dollar value of services)

\$

Estimated Number of Unduplicated Clients by Activity Codes 185 & 186

REGION: _____	ACTIVITY CODE 185 (age 1-21)		ACTIVITY CODE 186 (age birth to 1 and women age 22 & over)	
	Number	\$ Award Amount	Number	\$ Award Amount
Family Planning				

Activity Code 185 – Complete for clients age 1 through 21st year.

Activity Code 186 – Complete for clients age birth to 1 year and Women age 22 and over.

\$ Award Amount is the estimated value of all included visits/services provided to Title V FFS-FP clients.

NOTE: Contractors must spend at least 25% of total allocated Title V FFS funds for the provision of activities to children and adolescents ages one (1) through twenty-one (21) – Activity Code 185.

Activity Code 185 = _____%

FORM C4: SERVICE DELIVERY PLAN UPDATE Guidelines

Applicant shall describe proposed services and any changes to the service delivery plan provided in the FY 2003 RFP. Complete question 1. Complete questions 2 and 3 only if changes have been made to last year's (FY 2003) RFP.

1. A summary of proposed service, population to be served, location (counties to be served), etc. Also address whether you will you serve individuals from counties outside your stated service area(s).
2. Describe **any changes** to the service delivery systems, workforce (attach organizational chart), policies, support systems (i.e., training, research, technical assistance, information, financial and administrative systems) and other infrastructure available to achieve service delivery and policy-making activities. "What resources do we have to perform the project, who will deliver services and how will they be delivered?" **If no change, state NO CHANGE.**
3. Describe **any changes** to the internal Quality Assurance/Quality Improvement (QA/QI) process utilized to monitor services, identify staff that utilize them and identify who is responsible for ensuring they are updated. The description shall include the following 1) role of the QA/QI Committee; 2) Medical Director's involvement in the QA/QI activities; 3) activities utilized to identify trends of needed improvement and the frequency of those activities; 4) activities to ensure correction and follow-up to findings identified; 5) utilization and frequency of client satisfaction surveys; 6) system utilized to identify and monitor adverse outcomes (sentinel events); 7) process for identifying outcome measures; and 8) process utilized to develop protocols and Standing Delegation Orders (SDOs). **If no change, state NO CHANGE.**

FORM C4: SERVICE DELIVERY PLAN UPDATE

A maximum of 2 pages.

1. Proposed services, population to be served, location (counties)
2. Delivery systems, workforce, policies, support systems and other infrastructure available to achieve service delivery and policy-making activities:
3. Quality assurance/quality improvement (QA/QI) process:

FORM C5: TITLE V FFS FAMILY PLANNING PROJECT ASSURANCES

I agree to conduct my Title V Fee-for-Service Family Planning Project in compliance with the requirements and intent of the Title V Maternal and Child Health (MCH) Block Grant and the Texas Department of Health (TDH), Associateship for Family Health as follows:

- A. To conduct Fee-for-Service Family Planning Project activity(ies) in a culturally sensitive and nondiscriminating manner.
- B. To conduct FFS Family Planning activities as outlined in this renewal application's plan and to request Program approval through the appropriate Title V Maternal and Child Health Regional Coordinator for the service area prior to any significant departures from this plan.
- C. To return 100% of any Title V generated program income to the MCH program that generated the funds.
- D. To screen clients for potential Medicaid eligibility, refer to Texas Department of Human Services (TDHS) those who screen out as potentially eligible and maintain Medicaid denial letters on those who are denied.
- E. To provide TDH with reasonable access to all data gathered or generated through this project.
- F. To agree to share data/information generated by the project, within constraints of confidentiality, with other area public health entities, local authorities and communities in order to eliminate duplication of effort.
- G. To grant TDH rights to all tangibles, patentable, or copyrightable products developed with Federal and State funds.
- H. To spend at least 25% of total allocated Title V funds for the provision of activities to children and adolescents ages one (1) through twenty-one (21).
- I. To make available for TDH review, all promotional materials/media to be disseminated in conjunction with this Fee-for-Service Family Planning Project.
- J. To comply with all applicable Title V policies, procedures, and regulations.

Authorized Signature

Date